

# Hamilton County Highway Department APPLICATION FOR PROJECT REVIEW

## Developer Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

## Engineer/Surveyor/Architect Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

## Project Information:

Project Name: \_\_\_\_\_ Section(s) \_\_\_\_\_

Adjoining Road Name: \_\_\_\_\_ Hamilton County Map Grid \_\_\_\_\_

Nearest Intersection \_\_\_\_\_ N S E W \_\_\_\_\_  
(miles) (circle one) (road name)

Number of Lots: \_\_\_\_\_ Number of road miles: \_\_\_\_\_ Will Sewers Be Regulated YES NO UNKNOWN (circle one)

Planning jurisdiction of Project: \_\_\_\_\_ Township \_\_\_\_\_

Is this a new Project: YES NO (circle one) If no, enter HCHD Project #: \_\_\_\_\_

## Type of Review(s) Requested:

Determination of Jurisdiction Review

No Fee

Primary Plat Review

\$400.00 Each

= \_\_\_\_\_

Secondary Plat Review

\$400.00 x \_\_\_\_\_ (#of sections)

= \_\_\_\_\_

Construction Plan Review

\$500.00 x \_\_\_\_\_ (#of sections)

= \_\_\_\_\_

Small(<5 Lots) Subdivision Review (combined primary and secondary plat with no new roads)

\$100.00 Each

= \_\_\_\_\_

Variance Review

\$100.00 x (# of sections)

= \_\_\_\_\_

**Total Fee**

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

For Office Use Only

Check: \_\_\_\_\_

Receipt# \_\_\_\_\_

Reviewed By \_\_\_\_\_

Review Date \_\_\_\_\_

## Note:

1. All correspondence regarding this project should reference the HCHD project # (except initial application).
2. Make check or money order payable to the **"Hamilton County Treasurer"** (cash not accepted).
3. Submit fees, applications, plans and/or plat to: **Hamilton County Highway Department  
ATTN: Staff Engineer  
1700 South 10<sup>th</sup> Street  
Noblesville, Indiana 46060**
4. All sections of this form must be completely filled out and fee paid for review to be made.

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Received Date